

Incoming
C0250005
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Suzanne Steab < suzannesteab@utah.gov >

RE: Liability Insurance Certificate

1 message

Kirk Nicholes < knicholes@altoncoal.com >

Fri, May 31, 2013 at 12:55 PM

To: Daron Haddock < daronhaddock@utah.gov >

Cc: Karl Houskeeper < karlhouskeeper@utah.gov >, Suzanne Steab < suzannesteab@utah.gov >

All,

Here is the revised Certificate of Liability a copy of which will be available at the mine.

From: Daron Haddock [mailto: daronhaddock@utah.gov]

Sent: Friday, May 31, 2013 8:35 AM

To: Kirk Nicholes

Cc: Karl Houskeeper; Suzanne Steab

Subject: Liability Insurance Certificate

Kirk,

We recently recieved the updated Certificate of Liability Insurance for the Coal Hollow Mine (see attached). We could not identify that the coverage includes the use of explosives (usually shown as XCU on the certificate). The Insurance policy must provide for personal injury and property damage protection that includes the use of explosives as required by R645-301-890.100. Please ensure that your insurance provides for the required explosives coverage. Our inspector will be checking for this during the next inspection. You should have the appropriate certificate on hand to avoid enforcement action. Thank you.
Daron

--

Daron R. Haddock

Coal Program Manager

Utah Division of Oil, Gas & Mining

(801) 538-5325



Revised Cert. of Liability 2013.PDF

73K



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Jacobs Vanaman Agency, Inc. 530 MAIN ST. PO BOX 370 COSHOCOTON OH 43812	CONTACT NAME: Rosemary Turner
	PHONE (A/C No. Ex): (740) 622-1796 FAX (A/C No.): (740) 622-1798
	E-MAIL ADDRESS: Rosie.Turner@jva-ins.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: American Mining Insurance Co
	INSURER B: Cincinnati Insurance Co. 10677
	INSURER C: Admiral Insurance Co
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1353002733 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			4/23/2013	12/10/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> \$2000 Deductible on Property Damage					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COM/POP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			11/17/2011	11/17/2014	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						Underinsured motorist \$ 1,000,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			4/23/2013	12/10/2013	AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N		9/1/2012	9/1/2013	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability			12/10/2012	12/10/2013	\$3,000,000 w/\$25,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Permit # C0250005

Blasting coverage is provided for the insured's operations per General Liability form CG00 01 0413.

CERTIFICATE HOLDER

CANCELLATION

Utah Division of Oil, Gas and Mining
P O Box 145801
Salt Lake City, UT 84114

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rex Snyder/RFT

ACORD 25 (2010/05)

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